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## Little People as Aids to Diagnosis and Treatment.

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Modern Surgery is chiefly indebted for its exactness many aids that have been furnished to diagnosis, and it is principally through these that rational knowledge of disease has arisen and the vast progress of the last few years been attained. It is therefore with no apologies that I offer a simple, yet hitherto neglected or unknown method for dealing with affections that cannot readily be gotten at otherwise. I refer more particularly to certain obscure diseases of the intestines and abdominal cavity, including intussusception concretions, malignant disease, atrophy or hypertrophy of the liver, spleen, pancreas, kidney, and tumors in the pelvic or abdominal cavity, such as fibroids, ovarian tumors, aneurisms, etc., where it is essential not only to ascertain their existence, but also if there be adhesions. In very large prostate also, where there is the greatest difficulty in introducing the catheter,\* where stone is suspected but not positively proved by other means, such as the sound, lithotrite, endoscope, etc., or where substances have been swallowed that must be removed from the stomach by operation, this method offers a chance† for doing something successfully where heretofore we were almost hopeless. In the introduction of the rectal tube for the purpose of inflation or injection into the intestines, or removing impacted fæces from the colon abovet the sigmoid flexure, there is nothing that can compare with it for certainty. | At the same time we do not wish to urge its use to the exclusion of other well-tried methods, § but to place in our hands

<sup>\*</sup>The bladder may be brought toward the publs or perlneum, so as to shorten the distance to be traversed by the catheter, sound, or lithotrite, when the hand is small enough to be passed well in the rectum.

 $<sup>\</sup>dagger I$  say chance, for we cannot succeed unless the stomach bereachable through its walls and the walls of the colon.

<sup>‡</sup>Our usual means are generally effective below that point.

It may be thought that, in the enthusiasm of a supposed discovery, I claim too much; time alone will decide this matter.

 $<sup>\</sup>mathackgreen$  Such as our own hands, so far as they reach; the speculum, endoscope, bougies probes, forceps, palpatlon, etc.

an additional means another weapon to combat 'the enemy. The procedure then that we suggest is but a modification of a method employed a few times on a larger scale, viz: the introduction of the hand and arm into the rectum and colon; but instead of introdueing our large, unwieldy members, stretching and tearing as we go (and which is oftentimes from the small size of the intestines, an impossibility), we would employ a dwarf's or child's hand and arm, or the atrophied or mutilated member of an adult, as an intelligent instrument or explorer, guided from the outside by the hands and directions of the physician. That there is but little difficulty in its application, and as little danger in general, will be evident to any one who has studied the size and relations of the rectum, its shape and attachments, as well as the size and loose attachments of the descending and transverse colon; and that an intelligent child, dwarf, or small woman, guided by the physician, can do the work, I think few will doubt. It being a simple matter of touch, surely any one who possesses this sense can know and tell something of what he feels, 1st, as to its size; 2d, concerning its shape; 3d, about its properties, softness, hardness, etc.; 4th, as to its position; 5th, and, most important of all, its fixedness, mobility, etc., as ascertained by bringing the parts toward the integument, in order that the physician himself may feel, and certainly a rectal tube in a little hand can often be earried up as far as, and, if the arm be long enough, even into the transverse colon, and thus be slipped into the ascending portion of the same. With the arm and hand well in the gut, if the colon be loosely attached or very moveable, the various organs of the abdominal cavity may be explored and a very fair idea gained of their size, position, etc. Small fingers also can do good work for us in other eavities, such for instance as the pharangeal, when our own; the laryngscope and forceps cannot be used for the removal of foreign bodies, etc.; and where it is desirable to pass a catheter\* into the larynx for purposes of medication. There are other conditions under which this method can be employed that will readily occur to physicians. The paper was intended only to be suggestive, and is by no means exhaustive. In the practical employment of this

<sup>\*</sup>The surgeon should try do this himself, but in exceptional cases it is impossible, one of which I had, and would have been glad of the aid of a small person.

plan, we would choose dwarfs of spare build,\* with little hands and arms; or the atrophied arm and hand of a deformed person, t or one who has lost part or all of the hand from surgical operation, and where these are not available, bright children from five to thirteen years of age, preferably such as have been instructed by the Kindergarten or object-lesson method, which cnables them to describe with precision. After giving the patient an enema, so as to clear the rectum of fœces, we would place him in a convenient position, under chloroform, and take the oiled hand of the assistant, made as conical as possible, by the wrist, and force it gently through the sphineter, placing our other hand on the abdomen, and directing the explorer to sweep round the cavity in every direction and describe what he feels. If the fingers and arm are benumbed by the sphincter, which is probably the last place to loose its sensibility and contractility under chloroform. a short three-bladed speculum may be introduced, and the hand passed through this. When we are not sure of the position of the hand in the bowels, it would be well to direct the explorer to point with the free member where it is, or to press outwardly toward the integument, which will generally be satisfactory. If obstructions occur in the passage, make the explorer turn his hand around them in every direction possible, to ascertain if they be free, and if so, direct their removal. The greatest difficulty will be experienced from the sigmoid flexure; but by patient pressure, sweeping the hand in the various directions required, it can generally be passed, or if not, pushed forward so as to show the nature of the interference, whether bands, tumors, etc. By a few well directed questions the explorer will tell you how things feel, and you can then draw more or less correct conclusions. A very timid child might not succeed, but a bold, truthful, obedient one would be invaluable; still more so would be a nurse with a small hand, who has been instructed in a large hospital as to the relations and feel of the internal organs of the cadaver; or a blind person, whose fingers have been educated in reading. The hand and arm once in the intestine, the intelligent physician will not fail to see how best to employ it, and with hand on

<sup>\*</sup> Dwarfs of spare build are, I know, rare, and their tactile sensibility occasionally impaired, but women with small hands plentiful.

<sup>†</sup>Some of the devotees of India, if religious considerations do not preclude.

the abdomen, direct its motions so as to acquire the desired information. That this means should not have been frequently employed heretofore, or should be objected to now, except on the moral ground of unwillingness to use children, is probably due to a disinclination on the part of some to make any exploration of the rectum, as well as a distrust most medical men entertain for the medical statements of non-professional persons. That such a feeling can be carried too far, however, and will not equally be shared by the coming surgeon, is one of the reasons that has induced me to venture to bring this method before a practical body of our profession, and to hope they will not be slow, where suitable persons are obtainable, to use it for their difficulties. in presenting this paper for your consideration, I do not wish to claim for it infallibility in discovering small lesions, or that it will do no harm when rashly employed; but think that its judicious use under certain conditions will throw some light on many obscure and puzzling cases, and be the means, I hope, of saving lives.